

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000970	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 01/08/2016
NAME OF PROVIDER OR SUPPLIER CASEY HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 100 N.E. 15TH CASEY, IL 62420		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
S9999	<p>Final Observations</p> <p>Annual Licensure and Certification Survey Licensure Survey for Subpart S: SMI</p> <p>STATEMENT OF LICENSURE VIOLATIONS:</p> <p>Section 300.163 Alzheimer's Special Care Disclosure</p> <p>A facility that offers to provide care for persons with Alzheimer's disease through an Alzheimer's special care unit or center shall disclose to the Department or to a potential or actual client of the facility the following information in writing on request of the Department or client:</p> <p>a) The form of care or treatment that distinguishes the facility as suitable for persons with Alzheimer's disease;</p> <p>b) The philosophy of the facility concerning the care or treatment of persons with Alzheimer's disease;</p> <p>c) The facility's pre-admission, admission, and discharge procedures;</p> <p>d) The facility's assessment, care planning, and implementation guidelines in the care and treatment of persons with Alzheimer's disease;</p> <p>e) The facility's minimum and maximum staffing ratios, specifying the general licensed health care provider to client ratio and the trainee health care provider to client ratio;</p> <p>f) The facility's physical environment;</p>	S9999	<p>Attachment A Statement of Licensure Violations</p>		

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000970	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 01/08/2016
NAME OF PROVIDER OR SUPPLIER CASEY HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 100 N.E. 15TH CASEY, IL 62420		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
S9999	<p>Continued From page 1</p> <p>g) Activities available to clients at the facility;</p> <p>h) The role of family members in the care of clients at the facility; and</p> <p>i) The costs of care and treatment under the program or at the center. (Section 15 of the Alzheimer's Special Care Disclosure Act)</p> <p>(Source: Added at 23 Ill. Reg. 1103, effective January 15, 1999)</p> <p>Section 300.7000 Applicability</p> <p>a) This Subpart, in addition to the remainder of Part 300, as applicable, shall apply to facilities and distinct parts (units) that are subject to the Alzheimer's Special Care Disclosure Act.</p> <p>b) The facility shall comply with the Alzheimer's Special Care Disclosure Act, in accordance with Section 300.163 of this Part, for this unit.</p> <p>This requirement is not met as evidenced by:</p> <p>Based on record review, interview and observation the facility failed to disclose to Illinois Department of Public Health the Special Care Unit where the facility identified residents with diagnosis of Dementia may be transferred. For two residents on the sample (R3 and R17) out of a sample of 13 and nine residents on the supplemental sample (R2, R4, R9, R11, R22 thru R26) residing on the Special Care Unit for residents with Dementia.</p> <p>Findings include:</p>	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000970	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 01/08/2016
NAME OF PROVIDER OR SUPPLIER CASEY HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 100 N.E. 15TH CASEY, IL 62420		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
S9999	<p>Continued From page 2</p> <p>On 1-5-16 at 9:45am E1 Administrator stated " All the residents on the (Special Care Unit) need to have a diagnosis of Dementia to be on the Unit. . It has been a Dementia Unit for years."</p> <p>On 1-5-16 at 10:45am E2, Director of Nursing, stated " Legacy Lane is a speciality unit. It is only for residents with Dementia."</p> <p>On 1-7-16 at 1:50pm E10, Business Office Manager, stated " We have different little packets we give out according to need."</p> <p>Review of the packets provided by E10 on 1-7-16 at 1:50pm includes one of the brochures that speaks directly to the "Legacy Lane Alzheimer's Care" and the dementia care services provided by the facility.</p> <p>On 1-7-16 at 10:47am E1 stated the facility Admission Criteria for the Special Care Unit but they do not have a separate Resident Contract for Admission to the Unit.</p> <p>The facility's undated policy "Speciality Care Wing, Special Programming Unit, Admission and Discharge Policy and Procedure" documents "... residents with dementia diagnosis as well as that of Alzheimer's disease will be evaluated for placement to the Speciality Care wing on an individual basis with input from the resident, family, physician . . . "</p> <p>During the survey from 1-5-16 thru 1-6-16 observations were made of residents on the Special Care Unit with Dementia (R2 thru R4, R9, R11, R17, and R22 thru R26).</p> <p>(B)</p>	S9999			